

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35909

35909

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4499</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethel, Missouri.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Martin Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>1030</u>			
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>HENRY</u>		b. (Middle) <u>DANIEL</u>		c. (Last)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 27-1874</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTH <u>10</u>		11. DAY <u>3</u>		12. YEAR <u>1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME <u>James W. Daniel</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Lowe</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Hutchinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James & Daniel</u> ADDRESS <u>413 1/2 Oak St Quincy, Mo.</u>	
18. CAUSE OF DEATH, Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver + Bowels</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1948</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 19, 1950</u> , to <u>Oct 31, 1950</u> , that I last saw the deceased alive on <u>Oct 30, 1950</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. L. Caldwell D.O.</u> (Degree or title)				23b. ADDRESS <u>Shelbina Mo</u>		23c. DATE SIGNED <u>Nov 3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 2-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Community Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>South of STEFFENVILLE Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov-3-50</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Thompson</u>		ADDRESS <u>Bethel, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 13 1950

Date Received: NOV 6 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-60-1891
Date Filed: NOV 8 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. *Self*

Student Embalmer No. _____

Student
Student Embalmer

Signed *LeW. Musgrave*

Licensed Embalmer No. *2719*

P. O. Address *Bethel Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.